

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

ERK-2004

First Named Inventor

Rex A. Parris

COMPLETE IF KNOWN

Application Number

Unknown

Filing Date

Even date herewith

Art Unit

Unassigned

Examiner Name

Unassigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Activity Wipe Dispenser and Multi-pack Arrangement

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Eric R. Katz</b>			
Address <b>2007 Towne Lake Heights</b>			
City <b>Woodstock</b>		State <b>GA</b>	ZIP <b>30189</b>
Country <b>USA</b>	Telephone <b>770 924-6304</b>	Fax <b>770 494-7540</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Rex A.</b>		Family Name or Surname <b>Parris</b>	
Inventor's Signature <i>[Signature]</i>		Date <b>3/8/2004</b>	
Residence: City <b>White</b>	State <b>GA</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>92 Wilderness Camp Road</b>			
City <b>White</b>	State <b>GA</b>	ZIP <b>30184</b>	Country <b>USA</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Donald R.</b>		Family Name or Surname <b>Dodelin</b>	
Inventor's Signature <i>[Signature]</i>		Date <b>3/13/04</b>	
Residence: City <b>Woodstock</b>	State <b>GA</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>1501 Maplewood Court</b>			
City <b>Woodstock</b>	State <b>GA</b>	ZIP <b>30189</b>	Country <b>USA</b>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>ONE</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Steven William		Haynes	
Inventor's Signature <i>Steven W Haynes</i>		Date 3/9/04	
Residence: City Dallas	State GA	Country USA	Citizenship USA
Mailing Address 209 Hart Circle			
Mailing Address			
City Dallas	State GA	Zip 30132	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ronald Steven		Vangrov	
Inventor's Signature <i>Ronald S. Vangrov</i>		Date 3-8-04	
Residence: City Marietta	State GA	Country USA	Citizenship USA
Mailing Address 3297 Georgetown Bluffs			
Mailing Address			
City Marietta	State GA	Zip 30066	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	Un Known
Filing Date	Even Date herewith
First Named Inventor	Rex A. Parris
Title	Activity Line Dispenser and Multi-Pack Arrangement
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	ERK-2004

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Eric R. Katz	28,862

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Eric R. Katz				
Address	2007 Towne Lake Heights				
Address					
City	Woodstock	State	GA	Zip	30189
Country	USA				
Telephone	(770) 924-6304	Fax	(770) 494-7540		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Rex A. Parris		
Signature	Rex A. Parris		
Date	3/08/2004	Telephone	770-607-6619

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of Four forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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INDICATION FORM**

Application Number	Un Known
Filing Date	Even Date herewith
First Named Inventor	Rex A. Parris
Title	Activity, Waste Disposal and Multi-Pack Arrangement
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	ERK-2004

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name	Donald R. Dodelin		
Signature	<i>Donald R. Dodelin</i>		
Date	3/17/04	Telephone	770 310 1842

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Filing Date	Even Date herewith
First Named Inventor	Rex A. Parris
Title	Activity with Disburse and Multi-pack Arrangement
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	ERK-2004

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OR

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Address					
City	Woodstock	State	GA	Zip	30189
Country	USA				
Telephone	(770) 924-6304	Fax	(770) 494-7540		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Steven William Haynes		
Signature	<i>Steven W. Haynes</i>		
Date	3-8-04	Telephone	404-372-7342

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	Un Known
Filing Date	Even Date herewith
First Named Inventor	Rex A. Parris
Title	Activity Wipe Dispenser and Multipack Arrangement
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	ERK-2004

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Name	Registration Number
Eric R. Katz	28,862

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Address					
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Country	USA				
Telephone	(770) 924-6304	Fax	(770) 494-7540		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Ronald Steven Vangrov	
Signature	<i>Ronald S. Vangrov</i>	
Date	3-8-04	Telephone

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